

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
APPLICATION FOR LICENSURE
PHARMACY INTERN

DOPL-AP-003 REV 07/01/2003

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

Complete the following in addition to submitting a completed application:

1. Submit a **\$100.00** non-refundable application-processing fee.
2. Submit one of the following to document that you have successfully completed at least the equivalent of 15 semester hours of approved professional pharmacy courses:
 - ~~22~~ If you are currently enrolled in an ACPE accredited pharmacy school, submit a completed "Statement of Pharmacy School Dean" form (attached to this application).
 - ~~22~~ If you graduated from an ACPE accredited pharmacy school, submit an official transcript with your graduation date and degree earned.

- ✍✍ If you are enrolled in a graduate residency program, submit a completed “Statement of Residency Program Director” form (attached to this application).
- ✍✍ If you graduated from a foreign pharmacy school, submit a certificate of equivalency from FPGEC.

Additional Important Information:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

You may also purchase them for a fee from Exporior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

- ✍✍ Division of Occupational & Professional Licensing Act
- ✍✍ General Rules of the Division of Occupational & Professional Licensing
- ✍✍ Pharmacy Practice Act
- ✍✍ Pharmacy Practice Act Rules
- ✍✍ Utah Controlled Substances Act
- ✍✍ Utah Controlled Substances Act Rules

2. **Current Documents:** Applications, statutes, and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.

3. **Issuance of Pharmacy Intern License:**

- ✍✍ If you are a current pharmacy student, or resident or fellow in a program accredited by the American Council on Pharmaceutical Education, you may be issued an intern license for no longer than 4 years.
- ✍✍ If you are enrolled in a graduate residency program, you may be issued an intern license for no longer than 4 years.
- ✍✍ If you are a graduate with a professional entry degree from a pharmacy program accredited by the American Council on Pharmaceutical Education, you may be issued an intern license for no longer than 1 year.
- ✍✍ If you are a graduate from a foreign pharmacy school who has a certificate of equivalency from the Foreign Pharmacy Graduate Examination Committee of the National Association of Boards of Pharmacy Foundation, you may be issued an intern license for no longer than 1 year.

4. **License Renewal:** Pharmacy Intern licenses are **non-renewable**.

5. **Recording and Submitting of Professional Experience and Intern Hours:**

Record your professional experience courses on the “Hours For Professional Experience Courses” form (attached to this application). You may count a maximum of 900 hours for professional experience courses. A minimum of 120 hours of credit must be in a community pharmacy, at least 120 hours in a hospital setting, and at least 120 hours in another institutional setting. (Use additional sheets if necessary.)

Record your intern hours on the “Pharmacy Intern Hours Log” form (attached to this application). You may copy the form, if necessary. Do not put more than one calendar year on each form. Log each day worked and show the number of hours worked — not “X”s. Use a separate form for each different preceptor and each different practice site. Be sure your preceptor has been approved by the State Board of Pharmacy and has been issued a preceptor number. Your preceptor may not sign off for more than one intern within the same hours of the day. You may not practice pharmacy except under the personal supervision of a Utah licensed pharmacist who has been approved as a preceptor.

At the end of your intern experience, total the number of hours of pharmacy practice experience on the “Pharmacy Hours Intern Log.” Have your preceptor complete the preceptor’s portion of the form. Complete and sign the intern’s portion of the form.

Submit all Utah “Hours For Professional Experience Courses” forms and “Pharmacy Intern Hours Log” forms at the time you make application for a Utah pharmacist license or at the completion of your Utah internship, if you are not seeking Utah licensure.

6. **Updating Address Information:** It is a licensee’s responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
7. **Name Change:** If you have been licensed by the Division under any other name, please submit documentation of your name change such as a copy of your marriage license or divorce decree.
8. **Payments:** Make licensure fees payable to “DOPL.”

9. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

10. **Telephone Numbers:** (801) 530-6628

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675

11. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

GENERAL INFORMATION

License Applying For: PHARMACY INTERN

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

EDUCATION REQUIREMENT (Use additional sheets if needed.)

School Name: _____

Location: _____

Dates Attended: _____ To _____ Date of Graduation: _____

Degree Received: _____

Answer “yes” or “no.”

_____ I am a current pharmacy student and have attached a “Statement of Pharmacy School Dean” form.

_____ I am a resident or fellow in a program accredited by ACPE and have attached a “Statement of Residency Program Director” form.

_____ I am a graduate with a professional entry degree from a pharmacy program accredited by ACPE and have attached an official transcript.

_____ I am a graduate from a foreign pharmacy school and have attached my certificate of equivalency from FPGEC.

LICENSES:

List all licenses, registrations, or certifications issued by any state which you now hold or have ever held in any regulated occupation or profession. Use additional sheets if necessary.

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

PHARMACY INTERN QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?

(Questions continue on following page.)

11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
14. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
15. _____ Have you been named as a defendant in a malpractice suit?
16. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
20. _____ Have you ever been terminated from a position because of drug use or abuse?
21. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Questions continue on following page.)

22. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
23. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
24. _____ Have you ever been arrested for or charged with a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
25. _____ Have you ever been arrested for or charged with a felony in any jurisdiction?
26. _____ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
27. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
28. _____ Have you ever been allowed to make a plea in abeyance for any criminal charge for which the charge was later dismissed?
29. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

If you answered “yes” to questions 24, 25, 26, 27, 28, or 29 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741

STATEMENT OF PHARMACY SCHOOL DEAN

TO BE COMPLETED BY APPLICANT ENROLLED IN PHARMACY SCHOOL:

Name: _____

Address: _____

Telephone: _____ Social Security Number: _____

TO BE COMPLETED BY THE DEAN OR AN AUTHORIZED REPRESENTATIVE OF THE PHARMACY SCHOOL:

Name of Pharmacy School: _____

Name of Dean/Authorized Representative: _____

Title: _____

I am the Dean or an authorized representative of the pharmacy school named above. I understand the above named applicant is applying for an intern license. I certify that said applicant is currently enrolled as a pharmacy student and has successfully completed all pre-professional college education required by the accredited pharmacy school named above and has successfully completed at least the equivalent of 15 semester hours of professional pharmacy education.

Date: _____

Signature of Dean/Authorized Representative: _____

(Official Agency Seal)

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741

STATEMENT OF RESIDENCY PROGRAM DIRECTOR

TO BE COMPLETED BY APPLICANT ENROLLED IN A GRADUATE RESIDENCY PROGRAM:

Name: _____

Address: _____

Telephone: _____ Social Security Number: _____

GRADUATE RESIDENCY PROGRAM:

Name of Program: _____

Location: _____

Dates Attending: from ____/____/____ to ____/____/____

Name of Residency Program Director: _____

TO BE COMPLETED BY RESIDENCY DIRECTOR:

I am the Director of the graduate residency program. I understand that the applicant is applying for an intern license. I certify that the applicant has been accepted to the graduate residency program named above.

Signature of Program Director: _____

Date: _____

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HOURS FOR PROFESSIONAL EXPERIENCE COURSES

See “Additional Important Information” above for specific instructions on using this form.
(Use additional sheets if necessary.)

Intern Name: _____ License Number: _____

1. Course Title: _____ Quarter/Year: _____ Hours: _____

Signature, Professional Experience Program Coordinator: _____

2. Course Title: _____ Quarter/Year: _____ Hours: _____

Signature, Professional Experience Program Coordinator: _____

3. Course Title: _____ Quarter/Year: _____ Hours: _____

Signature, Professional Experience Program Coordinator: _____

4. Course Title: _____ Quarter/Year: _____ Hours: _____

Signature, Professional Experience Program Coordinator: _____

5. Course Title: _____ Quarter/Year: _____ Hours: _____

Signature, Professional Experience Program Coordinator: _____

6. Course Title: _____ Quarter/Year: _____ Hours: _____

Signature, Professional Experience Program Coordinator: _____

Total Hours in Community Pharmacy Setting: _____

Total Hours in Hospital Pharmacy Setting: _____

Total Hours in Other Institutional Setting: _____

Total Hours of Professional Experience Courses: _____

Signature of Pharmacy Dean: _____

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741

PHARMACY INTERN HOURS LOG

See “Additional Important Information” above for specific instructions on using this form.
(Use additional sheets if necessary.)

Intern Name: _____

Intern License Number: _____ Year: _____

Day	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
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TO BE COMPLETED BY PRECEPTOR:

Preceptor Name: _____

Pharmacist License Number: _____ Preceptor Number: _____

Pharmacy Name/Address: _____

The above named intern was employed under my supervision from ____/____/____ to ____/____/____
and worked the hours shown on the log above.

Total Hours of Pharmacy Practice Experience: _____

Preceptor Signature: _____ Date: _____

TO BE COMPLETED BY INTERN:

I have reviewed the information included in this document and agree that it accurately covers my
internship experience.

Intern Signature: _____ Date: _____